reasons, ranging from demographics to specific diseases, and we must continue to recognize that women have special health care needs.

While health care costs are soaring for the entire population, women earn, on the whole, less than men. Women of reproductive age pay 68 percent more out-of-pocket health care costs than men, a larger percentage of women hold part time and clerical jobs without health insurance, and women tend to live longer than men. As a result, women are disproportionately affected by rising health care costs. Pregnant women in particular face significant costs and high risks. In 1991, only two-thirds of black, Hispanic, and American Indian women received early prenatal care.

Because this segment of the population is so vulnerable, Congress created the supplemental nutrition program for women, children, and infants, called the WIC Program, 23 years ago. Since then, WIC has proven very effective at improving women's health and reducing health care costs. Pregnant women on Medicaid who participate have better health, are more likely to receive prenatal care, and have children with better learning abilities, higher rates of immunization, and better weight. The General Accounting Office has calculated that every dollar spent in the WIC Program saves $3.50 in Social Security and Medicaid benefits.

Congress has threatened to reduce funding for this essential program below the President's request. The proposed budget cuts of $36 million could cut 180,000 women and children out of the program, leaving women with improper nutrition and potentially impairing the development of as many children. We will soon be voting on this issue, so let us make this commitment now to save money for the Government and show compassion for this vulnerable group in our population.

In addition to economic vulnerability, women face unique risks simply because of their gender. Though awareness of breast cancer risks has risen for years, the death rate has not fallen and the incidence rate has risen steadily. Now, one in eight women will develop breast cancer in her lifetime; 2.6 million women are estimated to have the disease, and economic costs from medical expenses and lost productivity due to breast cancer have risen to $6 billion annually.

These women are daughters, sisters, mothers, grandmothers, friends, and colleagues, and we owe it to them to redouble our efforts to detect, treat, and prevent this devastating disease. We must extend our efforts to educate and reach out to those women who are not now receiving regular mammograms, especially lower income women who have been proven to be less likely to receive a mammogram. And we can extend coverage of Medicare to cover more frequent and earlier mammograms to detect and remove breast cancer at a lower cost and with less damage.

We have to make this commitment to the women of America. What is good for the women of this country is good for the country as a whole. We cannot allow these health risks to go unchallenged, and we must make improving the health of women a goal for this Congress.

TRIBUTE TO CANTOR ISAAC BEHAR

HON. HENRY A. WAXMAN
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, May 6, 1997

Mr. WAXMAN. Mr. Speaker, I ask my colleagues to join me in recognizing the distinguished career of Cantor Isaac Behar, who is retiring from Sephardic Temple Tifereth Israel after serving for 27 dedicated years.

Cantor Behar was born in Shumen, Bulgaria. He studied both religion and music at the Yeshiva in Sophia, Bulgaria, and later graduated from the Musical Academy in Bucharest, Romania.

In 1959 Cantor Behar moved to Israel, where he served as a music teacher and musical adviser at a school in Tel Aviv. In 1962 he was appointed as cantor of Congregation Yehuda Halevi in Mexico City, where he also served as the director of the Choir de Union Sefardi.

Then in 1969 he was invited to Sephardic Temple Tifereth Israel in Los Angeles, where he served as the senior cantor until his recent retirement on December 31, 1996. During his many years at Sephardic Temple Tifereth Israel, Cantor Behar has been an inspiration to the entire congregation, but particularly to the young people. He was regarded not only as their cantor, but also as a teacher, mentor, and adviser.

Cantor Behar educated and entertained his congregation with his original compositions of Sephardic sacred music and music for Shabbat and for the Yamin Noraim. His lyrical voice and knowledge of Judaism have been shared with a wider audience through his two albums, the first of which was recorded in Mexico City, and the second in Los Angeles entitled "Songs of the Sephardic People." The congregation of Sephardic Temple Tifereth Israel owes a great debt of gratitude to Cantor Behar for his long and successful tenure as cantor.

I ask my colleagues to join me in honoring Cantor Isaac Behar for his dedicated service and record of achievement and in wishing him great happiness and success in the future.

INTRODUCTION OF PRESCRIPTION DRUG BENEFIT EQUITY ACT

HON. NITA M. LOWEY
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Tuesday, May 6, 1997

Mrs. LOWEY. Mr. Speaker, last week, I introduced the Prescription Drug Benefit Equity Act—Federal legislation that would ensure that Americans are free to obtain their prescription drugs from a neighborhood pharmacy rather than through the mail.

This bill will protect consumers' choice and help keep local pharmacists in business. It will put a stop to an emerging trend that has forced some individuals to obtain their medications through the mail.

Mr. Speaker, some health coverage policies require patients to pay significantly more to use their local pharmacist. A few have eliminated that option altogether. That's not right.

Hard-working Americans should not be forced to entrust their health to pharmacists working at a firm thousands of miles away. They deserve the right to continue seeing the neighborhood pharmacists they've grown to trust.

While most plans do not require beneficiaries to purchase medication through the mail, a growing number of plans are now charging consumers substantially more for the privilege of using their neighborhood pharmacist. That includes the Federal Employee Health Benefits Plan, which charges Federal employees nothing for mail order prescriptions, but a 20-percent copay for medications purchased through their neighborhood pharmacist.

In an era when health care costs are eating away at the earnings and savings of too many Americans, especially our seniors, forcing them to pay significantly more to use their trusted pharmacist really means no choice at all. My bill will eliminate this cost discrepancy and give Americans a real choice.

Mr. Speaker, the Prescription Drug Benefit Equity Act will give consumers peace of mind. Purchasing medication through the mail means no face-to-face interaction with a pharmacist. This one-on-one relationship is critical to consumers who rely on their pharmacist to ensure that a prescribed drug not only is right for them, but that they can obtain the product without the fear that it will be damaged, delayed, or lost in the mail.

Many people are satisfied with their mail order service. That's great. This bill is not designed to eliminate the mail order industry. It is simply designed to give customers a choice, and through that choice—peace of mind. Under my bill, those who are happy with their mail order can continue using it. However, those who prefer the trip to their neighborhood drug store would have that option as well—no extra charge.

There is an equally important benefit of this legislation. The Prescription Drug Benefit Equity Act will help keep community pharmacists in business. Neighborhood pharmacies have played an important role in our communities for as long as any of us can remember. My bill will ensure that local pharmacists can compete on a level playing field with large mail order firms. That's good news for pharmacists and good news for patients.

Mr. Speaker, I am proud to introduce the Prescription Drug Benefit Equity Act and invite my colleagues to join me in support of this sensible measure.